


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N37338	
1. Entity Name JEWISH LEADERSHIP INSTITUTE, INC.	

Principal Place of Business 777 ARTHUR GODFREY ROAD SUITE 300 MIAMI BEACH, FL 33140 US	Mailing Address 777 ARTHUR GODFREY ROAD SUITE 300 MIAMI BEACH, FL 33140 US
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01032007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 65-0180927	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABRAMOWITZ, DAVID
 777 ARTHUR GODFREY ROAD
 SUITE 300
 MIAMI BEACH, FL 33140

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE 01/08/07

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABRAMOWITZ, MAYER 1330 CLEVELAND RD MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OPPENHEIMER, DAHLIA 4645 N. BAY RD MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEGAL, MIKE 201 S. BISCAYNE BLVD., STE. 3000 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ABRAMOWITZ, DAVID 4525 NAUTILUS DR MIAMI BCH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Abramowitz 1/8/07 305-538-7161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #